

## **APPENDIX D**

### **2014 VA TRI Reporting Forms**

Please note that the TRI reporting forms in this appendix are for reference only. Do not submit these forms to EPA. All facilities are required to submit their TRI data electronically using the TRI-MEweb application, per the TRI Electronic Reporting Rule. A link to the reporting rule language can be found at the following address:  
<http://www.epa.gov/toxics-release-inventory-tri-program/electronic-reporting-toxics-release-inventory-data>.

EPA United States Environmental Protection Agency		TOXICS RELEASE INVENTORY FORM A		Form Approved OMB Number: 2025-0000 Approval Expires: 11/30/2017	Page 1 of 1
			TRI Facility ID Number		
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank.		Revision (Enter up to two code(s))		Withdrawal (Enter up to two code(s))	
IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.					
PART I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR					
SECTION 2. TRADE SECRET INFORMATION					
2.1 Are you claiming the toxic chemical identified on page 2 as a trade secret? <input type="checkbox"/> Yes (Answer question 2.2; attach substantiation forms) <input type="checkbox"/> No (Do not answer 2.2; go to Section 3)		2.2 Is this copy <input type="checkbox"/> Signed (Answer only if "Yes" in 2.1) <input type="checkbox"/> Unsigned			
SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)					
I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in this statement, the annual reportable amount as defined in 40 CFR 372.27(a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year.					
Name and official title of owner/operator or senior management official:			Signature:		Date signed:
SECTION 4. FACILITY IDENTIFICATION					
Facility or Establishment Name			TRI Facility ID Number		
Physical Street Address			Mailing Address (if different from physical street address)		
City/County/Tribe/State/ZIP Code			City/State/ZIP Code		Country (Non-US)
4.2 This report contains information for: (Important: Check c or d if applicable) c. <input type="checkbox"/> A Federal facility d. <input type="checkbox"/> GOCO					
4.3 Technical Contact Name			Telephone Number (include area code and ext.)		
Email Address					
4.4 Public Contact Name			Telephone Number (include area code and ext.)		
Email Address					
4.5 NAICS Code(s) (6 digits)			Primary		
a.			b. c. d. e. f.		
4.6 Dun & Bradstreet Number(s) (9 digits)			a. b.		
SECTION 5. PARENT COMPANY INFORMATION					
5.1 Name of U.S. Parent Company (for TRI Reporting purposes)			No U.S. Parent Company (for TRI Reporting purposes) <input type="checkbox"/>		
5.2 Parent Company's Dun & Bradstreet Number			NA <input type="checkbox"/>		

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<b>FORM R</b> <b>Part II. CHEMICAL-SPECIFIC INFORMATION</b>		TRI Facility ID Number _____	
		Toxic Chemical, Category, or Generic Name _____	
<b>SECTION 1. TOXIC CHEMICAL IDENTITY</b> (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)			
1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) _____			
1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) _____			
1.3 Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.) _____			
<b>SECTION 2. MIXTURE COMPONENT IDENTITY</b> (Important: DO NOT complete this section if you completed Section 1.)			
2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) _____			
<b>SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY</b> (Important: Check all that apply.)			
3.1 Manufacture the toxic chemical: a. <input type="checkbox"/> Produce    b. <input type="checkbox"/> Import If Produce or Import c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		3.2 Process the toxic chemical: a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity	
		3.3 Otherwise use the toxic chemical: a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use	
<b>SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR</b>			
4.1 <input type="text"/> (Enter two digit code from instruction package.)			
<b>SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE</b>			
		<b>A. Total Release</b> (pounds/year*) (Enter a range code** or estimate)	<b>B. Basis of Estimate</b> (Enter code)
		<b>C. Percent from Stormwater</b>	
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input type="checkbox"/>	
Stream or Water Body Name		Reach Code (optional)	
5.3.1			
5.3.2			
5.3.3			
If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. <input type="text"/> (Example: 1, 2, 3, etc.)			

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\*For Dioxin or Dioxin-like compounds, report in grams/year.

\*\*Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

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<b>FORM R</b>				TRI Facility ID Number	
<b>Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)</b>				Toxic Chemical, Category, or Generic Name	
<b>SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (continued)</b>					
		NA	A. Total Release (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (Enter code)	
5.4-5.5	Disposal to land on-site				
5.4.1	Class I Underground Injection Wells	<input type="checkbox"/>			
5.4.2	Class II-V Underground Injection Wells	<input type="checkbox"/>			
5.5.1A	RCRA Subtitle C landfills	<input type="checkbox"/>			
5.5.1B	Other landfills	<input type="checkbox"/>			
5.5.2	Land treatment/application farming	<input type="checkbox"/>			
5.5.3A	RCRA Subtitle C surface impoundments	<input type="checkbox"/>			
5.5.3B	Other surface impoundments	<input type="checkbox"/>			
5.5.4	Other disposal	<input type="checkbox"/>			
<b>SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS</b>					
<b>6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)</b>			NA <input type="checkbox"/>		
6.1.	POTW Name				
POTW Address					
City		County		State	ZIP
A. Quantity Transferred to this POTW (pounds/year*) (Enter range code** or estimate)			B. Basis of Estimate (Enter code)		
If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box <input type="text"/> and indicate the Part II, Section 6.1 page number in this box. <input type="text"/> (Example: 1, 2, 3, etc.)					
<b>SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS</b>			NA <input type="checkbox"/>		
6.2.	Off-Site EPA Identification Number (RCRA ID No.)				
Off-Site Location Name:					
Off-Site Address:					
City		County		State	ZIP
Country (non-US)					
Is this location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EPA form 9350-1 (Rev. 06/2014) - Previous editions are obsolete.

\*For Dioxin or Dioxin-like compounds, report in grams/year.  
 \*\*Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

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<b>FORM R</b> <b>Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)</b>										TRI Facility ID Number	
SECTION 6.2. TRANSFERS TO OTHER OFF-SITE LOCATION (CONTINUED)										Toxic Chemical, Category, or Generic Name	
<b>A. Total Transfer</b> (pounds/year*) (Enter a range code** or estimate)			<b>B. Basis of Estimate</b> (Enter code)			<b>C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery</b> (Enter code)					
1.			1.			1. M					
2.			2.			2. M					
3.			3.			3. M					
4.			4.			4. M					
6.2 Off-Site EPA Identification Number (RCRA ID No.)											
Off-Site Location Name:											
Off-Site Address:											
City		County		State		ZIP		Country (non-US)			
Is this location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>A. Total Transfer</b> (pounds/year*) (Enter a range code** or estimate)			<b>B. Basis of Estimate</b> (Enter code)			<b>C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery</b> (Enter code)					
1.			1.			1. M					
2.			2.			2. M					
3.			3.			3. M					
4.			4.			4. M					
SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY											
<input type="checkbox"/> Not Applicable (NA) - Check here if no on-site waste treatment method is applied to any waste stream containing the toxic chemical or chemical category.											
<b>a. General Waste Stream</b> (Enter code)		<b>b. Waste Treatment Method(s) Sequence</b> (Enter 3- or 4-character code(s))						<b>c. Waste Treatment Efficiency</b> (Enter 2 character code)			
7A.1a		7A.1b		1		2		7A.1c			
3		4		5		6					
6		7		8							
7A.2a		7A.2b		1		2		7A.2c			
3		4		5		6					
6		7		8							
7A.3a		7A.3b		1		2		7A.3c			
3		4		5		6					
6		7		8							
7A.4a		7A.4b		1		2		7A.4c			
3		4		5		6					
6		7		8							
7A.5a		7A.5b		1		2		7A.5c			
3		4		5		6					
6		7		8							
If additional pages of Part II, Section 6.2/7.A are attached, indicate the total number of pages in this <input type="text"/> box and indicate the Part II, Section 6.2/7.A page number in this box. <input type="text"/> (Example: 1, 2, 3, etc.)											

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\*For Dioxin or Dioxin-like compounds, report in grams/year.

\*\*Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

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<b>FORM R</b>		TRI Facility ID Number		
<b>Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)</b>		Toxic Chemical, Category, or Generic Name		
<b>SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES</b>				
<input type="checkbox"/> NA Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.				
Energy Recovery Methods (Enter 3-character code(s))				
1.	<input type="text"/>	2.	<input type="text"/>	
3.	<input type="text"/>			
<b>SECTION 7C. ON-SITE RECYCLING PROCESSES</b>				
<input type="checkbox"/> NA Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.				
Recycling Methods (Enter 3-character code(s))				
1.	<input type="text"/>	2.	<input type="text"/>	
3.	<input type="text"/>			
<b>SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT</b>				
	Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
<b>8.1 – 8.7 Production-Related Waste Managed</b>				
<b>8.1a</b>	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills			
<b>8.1b</b>	Total other on-site disposal or other releases			
<b>8.1c</b>	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills			
<b>8.1d</b>	Total other off-site disposal or other releases			
<b>8.2</b>	Quantity used for energy recovery on-site			
<b>8.3</b>	Quantity used for energy recovery off-site			
<b>8.4</b>	Quantity recycled on-site			
<b>8.5</b>	Quantity recycled off-site			
<b>8.6</b>	Quantity treated on-site			
<b>8.7</b>	Quantity treated off-site			
<b>8.8</b>	Non-production-related waste managed**			
<b>8.9</b>	<input type="checkbox"/> Production ratio or <input type="checkbox"/> Activity ratio (select one and enter value to right)			
<b>8.10</b>	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA. NA <input type="checkbox"/>			
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))		Estimated annual reduction (Enter code(s)) (optional)
<b>8.10.1</b>	a.	b.	c.	d.
<b>8.10.2</b>	a.	b.	c.	d.
<b>8.10.3</b>	a.	b.	c.	d.
<b>8.10.4</b>	a.	b.	c.	d.

EPA form 9350-1 (Rev. 06/2014) – Previous editions are obsolete.

\*For Dioxin or Dioxin-like compounds, report in grams/year.

\*\*Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

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<b>FORM R</b>	
<b>Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)</b>	
TRI Facility ID Number	
Toxic Chemical, Category, or Generic Name	
<b>SECTION 8.11. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, AND RECYCLING ACTIVITIES</b>	
<b>8.11</b>	If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.
<div>DO NOT SUBMIT TO EPA</div>	
<b>SECTION 9. MISCELLANEOUS INFORMATION</b>	
<b>9.1</b>	If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.
<div>DO NOT SUBMIT TO EPA</div>	

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United States  
Environmental Protection  
Agency

## FORM R Schedule 1

### PART II. CHEMICAL-SPECIFIC INFORMATION (continued)

TRI Facility ID Number:

#### SECTION 5. QUANTITY OF DIOXIN AND DIOXIN-LIKE COMPOUNDS ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

	5.1	NA	5.2	NA	5.3 Discharges to receiving streams or water bodies (Enter data for one stream or water body per box.)		
					5.3.1	5.3.2	5.3.3
	Fugitive or non-point air emissions		Stack or point air emissions				
ID, Mass (grams) of each compound in the category (1-17)	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						

If additional pages of Section 5.3 are attached, indicate the total number of pages in this box

and indicate the Section 5.3 page number in this box  (Example: 1, 2, 3, etc.)

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FORM R Schedule 1													TRI Facility ID Number			
PART II. CHEMICAL-SPECIFIC INFORMATION (continued)																
SECTION 5. QUANTITY OF DIOXIN AND DIOXIN-LIKE COMPOUNDS ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE																
5.4 – 5.5 Disposal to land on-site																
	5.4.1	NA	5.4.2	NA	5.5.1.A	NA	5.5.1.B	NA	5.5.2	NA	5.5.3.A	NA	5.5.3.B	NA	5.5.4	NA
	Class I Underground Injection Wells		Class II-V Underground Injection Wells		RCRA Subtitle C landfills		Other landfills		Land treatment/ application farming		RCRA Subtitle C surface impoundments		Other surface impoundments		Other disposal	
C. Mass (grams) of each compound in the category (1-17)	1															
	2															
	3															
	4															
	5															
	6															
	7															
	8															
	9															
	10															
	11															
	12															
	13															
	14															
	15															
	16															
	17															

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<b>FORM R Schedule 1</b>												TRI Facility ID Number					
<b>PART II. CHEMICAL-SPECIFIC INFORMATION (continued)</b>																	
<b>SECTION 6. TRANSFERS OF DIOXIN AND DIOXIN-LIKE COMPOUNDS IN WASTES TO OFF-SITE LOCATIONS</b>																	
<b>6.1. DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA</b>																	
6.1.		C. Mass (grams) of Each Compound in the Category (1-17)															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
10	11	12	13	14	15	16	17										
<b>6.2. TRANSFERS TO OTHER OFF-SITE LOCATIONS NA</b>																	
6.2.		D. Mass (grams) of each compound in the category (1-17)															
1.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
9	10	11	12	13	14	15	16	17									
2.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
9	10	11	12	13	14	15	16	17									
3.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
9	10	11	12	13	14	15	16	17									
4.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
9	10	11	12	13	14	15	16	17									
6.2.		D. Mass (grams) of each compound in the category (1-17)															
1.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
9	10	11	12	13	14	15	16	17									
2.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
9	10	11	12	13	14	15	16	17									
3.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
9	10	11	12	13	14	15	16	17									
4.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
9	10	11	12	13	14	15	16	17									
If additional pages of Section 6.1 or 6.2 are attached, indicate the total number of pages in this box																	
and indicate the Section 6.1 or 6.2 page number in this box																	
														(Example: 1, 2, 3, etc.)			

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FORM R Schedule 1											TRI Facility ID Number
PART II. CHEMICAL-SPECIFIC INFORMATION (continued)											
SECTIONS 8.1-8.8. WASTE MANAGEMENT QUANTITIES FOR DIOXIN AND DIOXIN-LIKE COMPOUNDS (current year only)											
8.1-8.7 Production-related waste managed											8.8
8.1a	8.1b	8.1c	8.1d	8.2	8.3	8.4	8.5	8.6	8.7	8.8	
Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	Total other on-site disposal or other releases	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	Total other off-site disposal or other releases	Quantity used for energy recovery on-site	Quantity used for energy recovery off-site	Quantity recycled on-site	Quantity recycled off-site	Quantity treated on-site	Quantity treated off-site	Non-production related waste managed*	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											

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\*Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

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 <b>TOXICS RELEASE INVENTORY</b> <b>FORM A</b>		TRI Facility ID Number <input style="width: 100%;" type="text"/>
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank.		
Revision (Enter up to two code(s)) <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	Withdrawal (Enter up to two code(s)) <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	
<b>IMPORTANT:</b> See instructions to determine when "Not Applicable (NA)" boxes should be checked.		
<b>PART I. FACILITY IDENTIFICATION INFORMATION</b>		
<b>SECTION 1. REPORTING YEAR</b> <input style="width: 100px;" type="text"/>		
<b>SECTION 2. TRADE SECRET INFORMATION</b>		
<b>2.1</b>	Are you claiming the toxic chemical identified on page 2 as a trade secret? <input type="checkbox"/> Yes (Answer question 2.2; attach substantiation forms) <input type="checkbox"/> No (Do not answer 2.2; go to Section 3)	<b>2.2</b> Is this copy: <input type="checkbox"/> Sanitized (Answer only if "Yes" in 2.1) <input type="checkbox"/> Unsanitized
<b>SECTION 3. CERTIFICATION</b> (Important: Read and sign after completing all form sections.) I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in this statement, the annual reportable amount as defined in 40 CFR 372.27(a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year.		
Name and official title of owner/operator or senior management official:		Signature: _____ Date signed: _____
<b>SECTION 4. FACILITY IDENTIFICATION</b>		
<b>4.1</b>	Facility or Establishment Name	TRI Facility ID Number
	Physical Street Address	Mailing Address (if different from physical street address)
	City/County/Tribe/State/ZIP Code	City/State/ZIP Code    Country (Non-US)
	This report contains information for: (Important: Check c or d if applicable)            e. <input type="checkbox"/> A Federal facility    d. <input type="checkbox"/> GOCO	
<b>4.3</b>	Technical Contact Name	Telephone Number (include area code and ext.)
Email Address		
<b>4.4</b>	Public Contact Name	Telephone Number (include area code and ext.)
Email Address		
<b>4.5</b>	NAICS Code(s) (6 digits)            Primary            a.    b.    c.    d.    e.    f.	
<b>4.6</b>	Dun & Bradstreet Number(s) (9 digits)            a.    b.	
<b>SECTION 5. PARENT COMPANY INFORMATION</b>		
<b>5.1</b>	Name of U.S. Parent Company (for TRI Reporting purposes)	No U.S. Parent Company: <input type="checkbox"/> (for TRI Reporting purposes)
<b>5.2</b>	Parent Company's Dun & Bradstreet Number            NA <input type="checkbox"/>	

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EPA FORM A		TRI Facility ID Number
PART II. CHEMICAL IDENTIFICATION		
Do not use this form for reporting PBT chemicals, including Dioxin and Dioxin-like Compounds*		
SECTION 1. TOXIC CHEMICAL IDENTITY		Report ____ of ____
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)	
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.)	
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above)		
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)	
SECTION 1. TOXIC CHEMICAL IDENTITY		Report ____ of ____
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)	
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.)	
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above)		
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)	
SECTION 1. TOXIC CHEMICAL IDENTITY		Report ____ of ____
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)	
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.)	
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above)		
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)	

\*See the TRI Reporting Forms and Instructions manual for the list of PBT Chemicals (including Dioxin and Dioxin-like Compounds)

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